



Moving Forward: NARBHA Integrated Care Projects Innovations and Opportunities

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**Northern Arizona Regional Behavioral Health Authority
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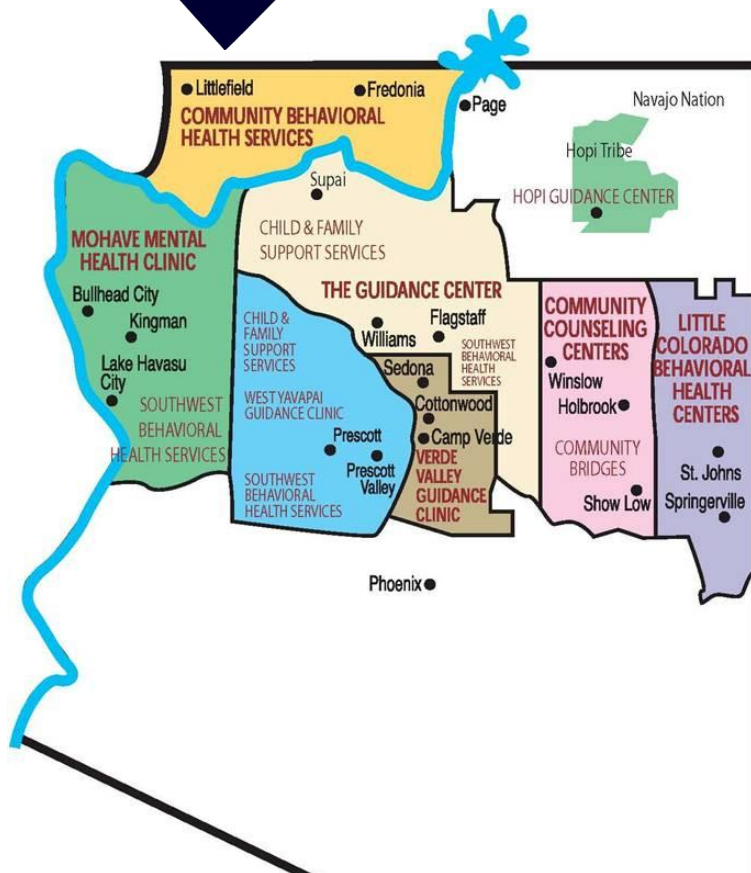
Recover Wellness Program Innovations and Opportunities

- **NARBHA's Community Reinvestment Grants**
 - \$650,000 for integrated care projects in past 3 years to meet local, community priorities
 - FY 2012-2013 \$600,000+ for incentives to achieve NARBHA's regional vision, "Recover Wellness"
- **PCMH linked with a NARBHA Behavioral Health Home**
 - Partnership between Health Choice, NARBHA, North Country Healthcare, The Guidance Center



NARBHA Region

Recover Wellness Programs



- **GSA 1**, 62,000 square miles
- 12% state population
- 19,000+ members
- 10 Responsible Agencies (RAs)- **Behavioral Health Homes**
- MOUs with 10 tribes
- **On-site primary care-**

VVGC- Cottonwood; BROWN
Encompass- Page; ORANGE
WYGC- Prescott; BLUE
TGC- Flagstaff. LIGHT YELLOW



NARBHA Recover Wellness Vision

Goals

- Goal 1: **Teach** health skills, and provide jobs/ **career** ladder for **peers**
- Goal 2: Make it **easy** to get care
- Goal 3: Find out if it is **working**
- Goal 4: Make sure recipients are **satisfied**
- Goal 5: **Seek** out those most in need
- Goal 6: Row in the **same** direction

Actions

- 1. Stanford **CDSMP** 15 hr class using peers as **Lay Leaders**
- 2. **On-site** primarycare
- 3. **Registry**: outcomes
- 4. CABHP Satisfaction **survey**
- 5. NARBHA 4+ **Chronic Condition** Registry
- 6. Integrated **EMR**





Recover Wellness: Incentives

Key Outcomes FY 2012-2013	Last Date	Incentive Amount
1. Evidence-based self-management program (Stanford CDSMP) and hiring of peer support specialists to deliver service	Oct 2012	\$25K
2. Onsite primary care at Responsible Agency (RA) behavioral health service site	Nov 2012	\$25K
3. Recover Wellness patient registry to track participants and key outcomes	Dec 2012	\$5K
4. Satisfaction Survey- Consumer Assessment of Healthcare Providers Systems Survey (CAHPS)	Mar 2013	\$5K
5. NARBHA Chronic Conditions Registry penetration rate > 10% (PCP service/CDSMP)	Mar 2013	\$20K
6. Integrated EMR for primary care and RA	Jun 2013	\$15K



All Play An Important Role:

Health Choice HP

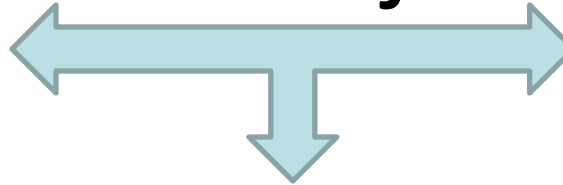
\$\$: Shared savings & PMPM pmt to NCHC;
Care Coordination: across transitions;
Safety: Med Reconciliation post d/c; **Respond:** Daily ER and inpt census;
Identify/ Track: HC-NARBHA Registry



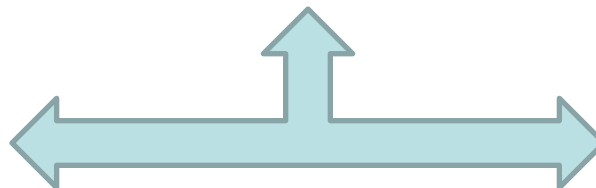
NCHC FQHC

Quality: Achieve AHCCCS Measures;
Access: timely appts;
Engage: outreach;
Track: Weekly logs

Pilot Project



Shared PC/BH Home:
SMI, GMH/SA



Northern Arizona Regional Behavioral
Health Authority

NARBHA

\$\$: Incentive \$\$; **Care Coordination:** across transitions with HC;
Safety: Med reconciliation post d/c;
Respond: Daily crisis and inpatient census;
Identify/ Track: NARBHA Registries with Johns Hopkins Data



TGC RA

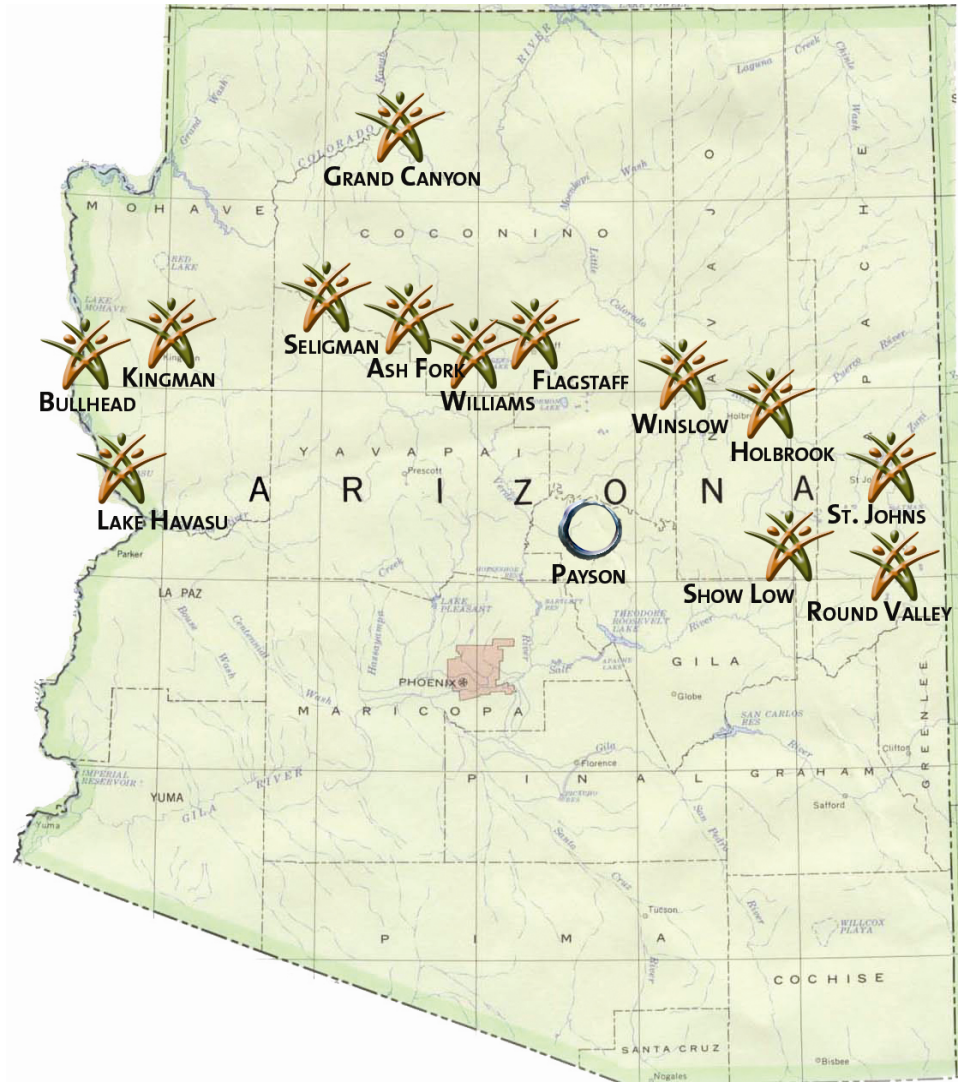
Quality: RW activities
Access: On-site NCHC PCP and timely BH appt;
Engage: outreach, peers;
Track: NARBHA Registry

North Country HealthCare: Integration Efforts

Eric Henley MD, MPH
Chief Medical Officer

North Country HealthCare (FQHC)

- Over 45,000 patients
- Overlaps with much of NARBHA region
- Major AHCCCS/
Medicaid PCP network
- Provides on-site
primary care at TGC in
Flagstaff



Integration Projects

- Reverse Co-Location clinic at TGC
- Internal behavioral health development
- Health Choice Health Home project
 - Primary care for the acute Medicaid population
 - Primary care for the NARBHA Medicaid population

Reverse Co-Location: The Integration clinic at TGC

- Why an FQHC
 - Primary care is our business; 24/7 coverage; primary care EHR; enhanced Medicaid rates
- Licensing
 - ADHS regulations
- Staffing
 - NCHC: Provider (FNP), MA and receptionist
 - TGC: RN liason
- Finances: NC pts, FTCA, and billing/collecting

NCHC Behavioral Health Program

- Primary care behavioral health is not the same as care of the SMI population
- Currently we have a counselor, once-a-week psychiatrist, and a new psychiatric NP. We have had a brief intervention doctoral intern
- We need more behavioral health infrastructure but the billing and financing pieces always seem daunting.

Health Choice Medical Home

- Flagstaff focus
- Increase primary care coordination
 - Notification of hospitalizations and ER visits
 - Better management of transitions of care
 - Focus on NARBHA population and acute Medicaid
- Encourage use of Integration clinic at TGC
- PMPM payment + FFS. Shared savings opportunity if AHCCCS quality metrics met and decrease hospital/ER costs